



District of Columbia Public Schools
Office of the Chief Academic Officer

Community and Education Programs
Community Service, Service Learning, Literacy Programs Initiatives

**HOURS VERIFICATION FORM
COMMUNITY SERVICE ACTIVITIES**

Name _____ School _____

Student ID # _____ Homeroom _____ Month/Year ____/____

Name & Type of Activity	Time In	Time Out	Verified By (Agency Representative)	Date

Signature of Agency Representative

Total No. Hours

Date- Mth/Dy/Yr

Agency Organization _____ Tel. No. _____

PLEASE RETURN THIS FORM TO THE COMMUNITY SERVICE LIAISON OR GUIDANCE COUNSELOR AT THE LOCAL SCHOOL